

Fertility Options For Every LGBTQ Family Out There

No matter how you choose to build your family, I wish you luck and joy.

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All over Canada this summer, cities are celebrating pride. My colleagues and I at the Pacific Centre for Reproductive Medicine (PCRM) walked in Vancouver's Pride Parade over the August long weekend. What better time to write about the options available to LGBTQ couples for building a family? Every family is unique, so your fertility doctor should help you navigate the specific treatments and laws that apply to your situation.

Here is some general information to get you started.



Guido Mieth

Donor sperm

Two-mom families have the option of using sperm from a friend (known donor) or a sperm bank (anonymous donor). Sperm from a known donor can be used at home by performing intra-vaginal insemination (a.k.a. the turkey baster).

Insemination should be done during the woman's most fertile time of the month (ovulation). For more information on how to tell when you're ovulating, see my HuffPost blog.

It is recommended that everyone undergo routine screening for infectious diseases such as hepatitis C, syphilis, chlamydia, gonorrhoea and HIV. The woman receiving the inseminations should also check with her doctor for immunity to rubella and chickenpox in preparation for pregnancy. A fertility lawyer can help draft a sperm donation agreement and each person should get independent legal advice.

Using a known sperm donor through a fertility clinic is possible, but it involves a mandatory quarantine period for the sperm of 180 days. The law in Canada (as dictated by the Assisted Human Reproduction Act) prohibits any payment for sperm or eggs. Violation of this law is currently a criminal offence, although the Canadian Fertility Andrology Society is lobbying to decriminalize the Act. Each person should see a certified counsellor to discuss the psychological side of using donor sperm or eggs.

Anonymous donor sperm and intrauterine insemination (IUI) is a very common treatment performed at a fertility clinic. The sperm is obtained directly from a sperm bank and shipped in frozen units to the clinic. Usually, the sperm comes from a bank in the United States and costs about \$1,000 per unit (because payment for sperm is illegal in Canada, sperm banks here get very few donations). To perform IUI, the sperm is washed to remove the ejaculate fluid and then placed in a thin catheter to pass through the cervix and into the uterus. Giving the sperm a head start like this provides a higher pregnancy rate than intra-vaginal insemination at home.



KAL19 VIA GETTY IMAGES

Egg-sharing (directed egg donation)

Lesbian couples can use eggs from one woman to create embryos (egg + sperm = embryo) and then have the other woman carry the pregnancy. This is called directed egg donation and it requires the use of in vitro fertilization (IVF). The donor must take hormone injections for about 10 days to grow many eggs, which are later removed from her body and fertilized in an IVF laboratory.

The recipient then takes medications to thicken the lining of her uterus (endometrium) before an embryo is transferred inside. This is a more complex (and expensive) option because IVF is required; however, some couples like the idea that each woman is physically responsible for part of the pregnancy. A lawyer can provide advice about a co-maternity agreement.

Gestational carrier (surrogacy)

Gay men need to find both a woman to donate eggs and a woman to carry the pregnancy. The term "gestational carrier" refers to a woman who has no genetic relationship to the pregnancy (i.e. it was not created from her egg). A traditional surrogate donates both her egg and her uterus; so, at-home insemination can be used to achieve this type of pregnancy.

In a fertility clinic, the most common situation we encounter is when two men each use their sperm to fertilize donor eggs. As I described above, paying for eggs is not allowed in Canada, so the egg donor must be altruistic. Embryos can be created using IVF and then transferred into a gestational carrier. Extra embryos can be frozen for future use in case they want to use one dad's embryo first and the other's in the future.

With two potential dads, an egg donor and a gestational carrier, these types of fertility arrangements can obviously become very complex! A fertility lawyer can help write the legal agreements and the application for parentage of the baby after it is born.

Transgendered people

Trans women (or trans people with testicles) who want the option of having genetically related children should ideally bank sperm before hormone treatment or getting their testicles removed. Trans people already using hormones need to stop these for a number of months to see if sperm production returns.

Breastfeeding a baby after hormone-induced breast development may be possible. Trans men (or trans people with a uterus and ovaries) who want the option of having genetically related children should ideally freeze eggs before hormone treatment or having the ovaries removed. This involves taking hormone injections for about 10 days followed by a procedure to harvest the eggs for freezing in an IVF lab. Trans people with a uterus who wish to become pregnant can do so using hormone therapy. The time off of testosterone that is required for the ovaries and uterus to regain function is variable.

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Summary

Having children is important to many people in the LGBTQ community. Fertility clinics are equipped to advise patients on all of the ways a couple, or single person, can create a family (as a fertility doctor, I do not specialize in adoption, but this is also a possibility that should not be forgotten). Fertility treatments are not covered by Canada's provincial health care, with the exception of Ontario. The costs can range from \$500 for IUI to more than \$10,000 for IVF. Fertility treatments for LGBTQ people are arguably even more costly because of the legal advice and agreements required. No matter how you choose to build your family, I wish you luck and joy. Happy Pride!